

JUN 17 2005

Atty Docket No. 022421-000130US

PTO FAX NO.: (703) 872-9306

ATTENTION: Examiner Javid A. Amini

Group Art Unit 2672

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Javid A. Amini

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Tim Wilkinson et al., Application No. 09/931,576, filed August 14, 2001 for PORTABLE OPERATING ENVIRONMENT FOR INFORMATION DEVICES are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

- 1) Transmittal Form (1 p);
- 2) Petition For Extension of Time (1 p in duplicate); and
- 3) Amendment (12 pp).

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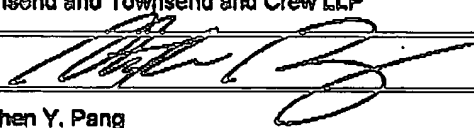
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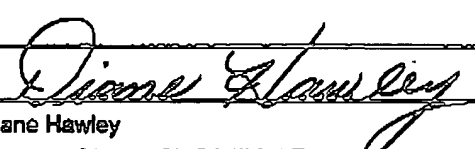
60518542 v1

PTO/SA/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/831,578
	Filing Date	August 14, 2001
	First Named Inventor	Wilkinson, Tim
	Art Unit	2872
	Examiner Name	Javid A. Amini
Total Number of Pages in This Submission	Attorney Docket Number	022421-000130US

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmitted Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.59	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Stephen Y. Pang		
Date	June 17, 2005	Reg. No.	38,575

CERTIFICATE OF TRANSMISSION/MAILING			
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